

Bulletin 84-8

SUMMARY FORMS TO ACCOMPANY FILINGS

December 6, 1984

Due to the large, and steadily increasing, number of rate, rule and form filings received in the Insurance Department each year, it has become necessary for the Department to explore various ways to streamline and improve its filing and review processes. In particular, the Department has found that it would be useful to have certain information pertaining to filings summarized in uniform fashion with respect to each filing received.

Therefore, the Department has developed summary forms to be completed by all insurers making filings for property and casualty insurance rates, rules and forms (SCID 2004) and form and rate filings for individual accident and health insurance (SCID 1504). Each of the forms calls for information pertaining to filings which the staff of the Department has determined will be of assistance in reviewing filings and which should result in better handling of filings.

Each copy of a filing submitted to the Department of Insurance must be accompanied by the appropriate form giving the relevant information requested. No filing will be deemed completed where not accompanied by the appropriate form, and the filer will be requested to complete the form before further consideration will be given by the Department. Although insurers are free to reprint the specimen forms attached to this bulletin if they so choose, clearly legible photocopies of such blank forms will be accepted.

Use of the attached forms will be expected on all filings received in the Department of Insurance on or after February 1, 1985.

Rogers T. Smith
CHIEF INSURANCE COMMISSIONER

ATTACHMENTS

SOUTH CAROLINA DEPARTMENT OF INSURANCE
INDIVIDUAL ACCIDENT AND HEALTH FILING SUMMARY

- 1) Company Name _____
- 2) Form No. _____ Exact Title of Form and Category of Coverage pursuant to Regulation 69-34(G) _____
- 3) Form No.(s) replaced (if any) and approval date(s) _____
- 4) What is the Nature of this Filing? (Check appropriate block(s))
☐ Policy ☐ Application ☐ Endorsement ☐ Rider
☐ Outline of Coverage ☐ Rate Increase ☐ Rate Decrease
☐ Other (Specify) _____
- 5) Date of Domiciliary Approval _____
- 6) Issue Ages _____ to _____. (If Age 65 or over, have you included the Buyer's Guide, Duplication and Replacement forms to comply with Reg. 69-34, Reg. 69-34.1 and Reg. 69-34.2?)
- 7) Check appropriate category(ies). ☐ mass marketed
☐ individual solicitation ☐ Other _____
- 8) Please provide name, title, address and phone number of the person assuming overall responsibility for this filing: _____

TO BE COMPLETED FOR RATE FILINGS ONLY

- 9) Estimated number of South Carolina policyholders affected by this filing: _____
- 10) Total annual dollar amount of request (+ or -) in South Carolina. \$ _____ representing a _____ % (+ or -) change
- 11) If the amount of the rate change in South Carolina varies by age, sex, plan or other category, give range of rate change from _____ % (+ or -) to _____ % (+ or -).
- 12) History of previous rate changes for this policy form in South Carolina (+ or -)
A. Date: _____ B. Date: _____ C. Date: _____ D. Date: _____
Amt.: _____ % Amt.: _____ % Amt.: _____ % Amt.: _____ %
- 13) Loss ratios for the last six years, adjusted to the current rate basis:

<u>Year</u>	<u>Loss Ratio</u>	<u>Year</u>	<u>Loss Ratio</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- 14) Years policy form issued, from _____ to _____.